

CT Family First - Governance Committee

January 27, 2020 | 9 am - 12 pm

The Alliance | 35 Cold Spring Road - Building 500 Rocky Hill, CT

Agenda

- Welcome
- Introductions
- Overview of Family First Activities
- Communication and Meeting Schedule
- Workgroup Updates
- Governance Committee Role
- Candidate for Foster Care
- Next Steps
- Closing

Welcome, Introductions, and Overview of Family First Activities

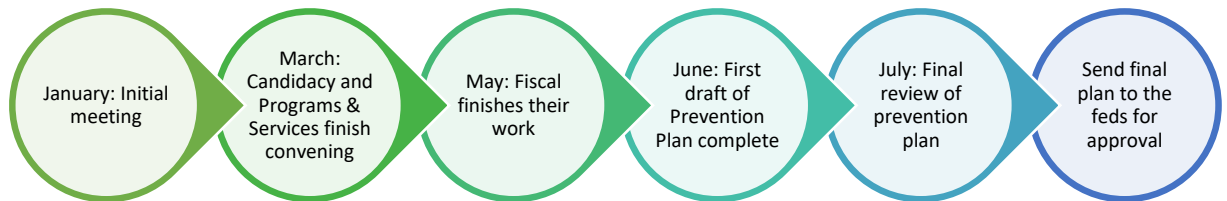
- ~~FFPSA~~ Family First
 - We are referring to the Family First Prevention Services Act as "Family First" rather than "FFPSA" because the goal of both Connecticut's Prevention Plan and the legislation itself is to put families at the forefront.
- Connecticut's goal is to design its Prevention Plan and begin implementation in October 2020.
 - Washington D.C. and Utah are the only two states with approved Prevention Plans, both of which are available on CT's Family First Website.
- Family First dramatically changes our funding system from the back end to the front end. Instead of receiving IV-E funds to reimburse the cost of foster care, Family First allows states to receive reimbursement for certain prevention efforts.
- Connecticut is using this shift as an opportunity to realign our practice with our values. For several years, Connecticut has been pushing for more prevention efforts and DCF works to keep kids in their homes whenever possible. This is a chance to reaffirm that goal and expand our prevention services to better serve our families. With that in mind, we have begun asking ourselves what else we need to keep kids safely in their home.
- The process of drafting a Prevention Plan began in November 2019 with our external community kick-off meeting. The Department recently had its internal kick-off meeting on January 8th. We intentionally chose to start the process with our external partners to make sure the community was invested and involved in the development of Connecticut's plan. Since then, five workgroups (to be discussed below) have been created to begin developing different parts of the Prevention Plan. These work groups have been meeting routinely since early December 2019.
- One may notice our frequent use of the word "partner" when referring to those in the community rather than "provider." This is because our workgroups are made up of a variety of people, only some of whom are community providers. Folks with lived experience (both family members and youth) are involved on a number of the Family First workgroups, as are representatives from

other state departments. We use the phrase "community partner" to represent all of these different groups.

- While we are currently working on drafting our Prevention Plan, it should be noted that our work does not end with approval. After the plan is approved, we will begin implementation, which will be a long process as well.
- Ken Mysogland, DCF Director of External Affairs, and Family First Statewide Co-lead, briefly went over the makeup of the Governance Committee:
 - DCF Executive Team
 - Co-leads from every workgroup (both the internal and external)
 - State Advisory Council (SAC)
 - Commissioner's Transition Team
 - Departmental partners
 - Family + youth voice
 - Folks who volunteered to serve on the committee

In total, the group is primarily made up of external stakeholders (32% internal to 68% external).

- The group discussed the timeline for the Prevention Plan and the meeting cadence for the governance committee (see below).



Workgroup Updates

- JoShonda Guerrier, Family First Statewide Co-lead, explained the purpose of each of the workgroups and gave a summary of their activities to date. She did not discuss the Candidacy workgroup in this section as she and the Candidacy Workgroup Co-Chair, Jeff Vanderploeg, would discuss more in-depth later, when going over the populations for inclusion in the candidacy definition.

Programs and Service Array

- **Co-Leads:** Elizabeth Duryea and Dr. Elisabeth Cannata
- **Charge:** Examine Connecticut's current service array and recommend new Evidence Based Programs (EBPs) that would best serve Connecticut's Family First candidates, along with other programs and services as part of Connecticut's broader prevention plan.
- **Meeting Overview:** The Programs and Services Array Workgroup has met three times to date. They are scheduled to continue meeting every other week. So far they have focused on analyzing

Connecticut's current service array; they will discuss potential new services after Candidacy finalizes their definition.

- **Group Makeup:** The group is made up primarily of providers and DCF staff.
- **Other Information**
 - This is a large group (over 60 members) and the co-chairs are considering breaking this group into smaller subgroups at times to help the facilitation process.

Fiscal and Revenue Enhancement

- **Co-Leads:** Cindy Butterfield and Alison Blake
- **Charge:** Determine how the programs recommended by the Programs and Services Array group will be funded, using both Family First funds and exploring other options. In particular, this group hopes to identify creative funding sources and explore inter-agency partnerships.
- **Meeting Overview:** Fiscal and Revenue Enhancement has met twice to date.
 - In their meetings, an intro of Family First (particularly as it relates to finances) was provided; information regarding what's allowable was shared; opportunities for administrative claiming was discussed; and the group talked about the one-time transition funding permissible under the Transition Act, using Title IV-E funding.
- **Group Makeup:** This group is made up of DCF staff, community providers, and representatives from several other government agencies, including the Office of Early Childhood (OEC), the Office of Policy and Management (OPM), the Department of Social Services (DSS), the Department of Public Health (DPH), and the Department of Mental Health and Addiction Services (DMHAS).
- **Other Information**
 - This group is the “anchor” of the workgroups. They are not able to really dig into the work until they have more information from the Programs workgroup on what types of services Connecticut will recommend for its plan. The Programs and Services Array group is in turn limited until they receive the candidate definition from the Candidacy workgroup. Because of this, Fiscal is not meeting very frequently at this time, but they plan to start meeting weekly beginning in March.

Kinship and Foster Care

- **Co-Leads:** Tina Jefferson and Randi Rubin Rodriguez
- **Charge:** Three-part charge: 1) Identify barriers to kin caregivers, 2) Visualize and recommend strategies for support, and 3) Develop a Kinship Navigator Program. The workgroup is not focusing only on DCF caregivers; they seek to support all kin caregivers and foster parents.
- **Meeting Overview:** Kinship has met three times so far.
 - In their meetings, they have listened to and discussed presentations on kinship/foster care licensing (national model vs Connecticut's standards) and existing kinship navigator programs and brainstormed needs of child, birth parent, and caregiver through kinship café activity. They have also had discussions on gaps and inequality in the kinship/foster care system, as well as how probate and DCF kin caregivers look different.
- **Group Makeup:** This group is primarily made up of community providers and DCF staff.

Community Partnerships and Child and Family Engagement

- **Co-Leads:** Tim Marshall and Beresford Wilson
- **Charge:** Act as "ambassadors" for Family First, meaning go out into the community to talk about Family First and solicit feedback that will be relevant to the other workgroups. Also act as a reviewer of the work of the workgroups to make sure content for the purposed plan is aligned with the community's view.
- **Meeting Overview:** To date, this workgroup has met twice.
 - At their first meeting, the group reviewed an overview of Family First. During the most recent meeting, the group provided feedback on a Family First Frequently Asked Questions resource, and a set of other questions to be used at member agencies to elicit feedback from other stakeholders in the community. The group has also discussed how to make the child welfare system as a whole less risk averse.
 - The group originally planned to meet once a month for a half day, but it has been challenging to keep them updated on the activities in the workgroups because each of the other workgroups are meeting more frequently. At their next meeting (Feb 4) the group will discuss whether it makes sense to change their meeting cadence and/or add weekly conference calls to keep them updated more timely to fit the others' timelines better.

Discussion

- Ken Mysogland also reminded the group that Family First is not the same as the broader Prevention Plan. The broader plan will cover Connecticut's prevention efforts, including the populations we want to prioritize. Further, while we hope to begin implementation in October, the Prevention Plan can be revised, and things can be added later if they are not feasible in the first iteration.
- Please note that the Family First website (CTFamilyFirst.ct.gov) is up and running. On this website, you can find copies of the approved Prevention Plans for Washington, D.C. and Utah, videos of Connecticut's kick-off events and speeches about Family First, and presentations that have been shown at meetings. There are also portals to each of the workgroups, where you can find minutes and meeting schedules. This page is constantly being updated, and it is the best way to stay informed on all planning efforts.
- There is also an email address dedicated to Family First correspondence: DCFCTFAMILYFIRST@ct.gov
- The group briefly discussed the Washington, D.C. plan, asking themselves what we can learn from it. Ken and JoShonda encouraged the group to read both DC and Utah's plan to get a sense of what's possible and what's different in Connecticut. They feel strongly that this is an opportunity to create a plan that matches us. One thing the group liked was that DC is aiming to serve the full continuum of families, from ones with no CPS involvement to those who are very involved. The group felt that Connecticut has the capacity and infrastructure to create a strong plan, using Family First as a tool.
- It was clarified that there are some limitations to how we can use Family First dollars. We have a lot of EBPs in Connecticut, but Family First is not able to be used as replacement funding. For example, if a program is being funded by Medicaid, we cannot shift that funding and start using Family First instead.

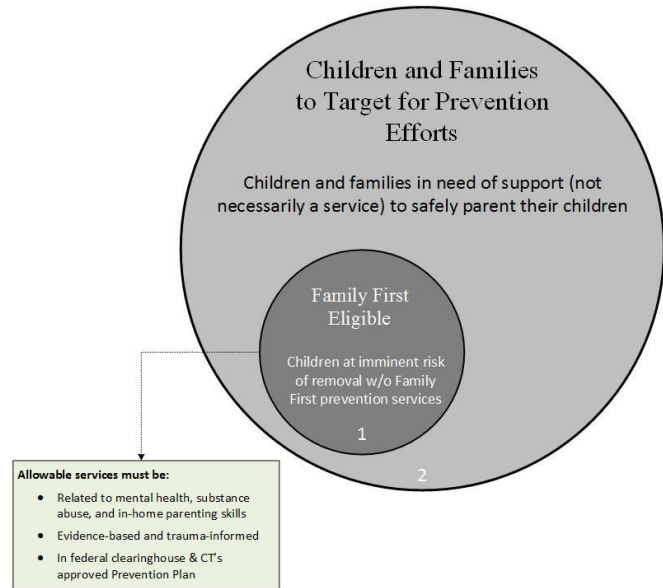
Overview of Governance Committee Role

- Michael Williams, DCF Deputy Commissioner for Operations, expressed gratitude to everyone on the committee for their commitment to this process.
- He explained that the implementation date was not chosen by any sort of external force; rather, DCF chose this date based on what's possible.
- Over ten years ago (around 2006), the Department brought in a consultant for a practice model—Jerry Milner. They crafted a model with the main goals of keeping kids at home, having kids go to kinship care if they need to be removed, and creating good, quality congregate care. DCF began a painful journey to change its practice and meet these new ideal standards. The Family First legislation echoes so many of the goals that the Department has worked to put in place, and while we initially felt underprepared to begin this work, we soon realized we had everything we need. The Department has internal and external partners driving this work—JoShonda Guerrier, Susan Reilly, and Miranda Lynch were specifically called out for their efforts. We can get this done. In many ways, it is a heavy lift, but in other ways, it is the natural progression of the work the Department has been doing for the past decade.
- It was again highlighted that the Department wants an inclusive and diverse planning process, which is why the Executive Team makes up only a small portion of the Governance Committee. Family First is a catalyst, but this is really a chance for the full child welfare system to come together and set a vision for its future. DCF leadership feels strongly that we will come up with a great plan.
- The decision-making process was clarified for the group. As Commissioner, Vanessa Dorantes will have the final authority, the group will have the chance to read, advise, and/or tweak the plan as necessary.
- Commissioner Dorantes explained that she would like to see the external child welfare system “as loud” as DCF, meaning DCF and the broader community work in tandem for children’s wellbeing. Ideally, we will shift our perspective and start to see DCF as the child welfare agency rather than the child welfare system. She said that while right now, the plan is blank, it will reflect our last decade of work and she is very excited to see how this all comes together.

Proposed Candidacy Definition

- JoShonda Guerrier and Jeff Vanderploeg, the two Co-leads for Candidacy, began to discuss the Candidacy workgroup in more detail before moving on to the draft Candidacy definition.
- Before they were able to go in-depth, there were a few points brought up:
 - One person asked about kids who are in the system more often or longer. Was there any look at decision-making tools that could help lower these? JoShonda explained that the workgroup had a presentation day in which they looked at the data around DCF-involvement. In these presentations, they did discuss subsequent maltreatment and risk factors. They have also brainstormed entry points into DCF involvement and used this to help orient their discussions.
 - The Commissioner clarified that a child being “in care” does not necessarily mean in DCF care. There are other systems that overlap with DCF (such as the Juvenile Justice system) that also result in kids in care.

- The co-leads began by differentiating between the candidacy definition for Family First and the populations that Connecticut will target for its broader prevention efforts. This topic had caused some confusion in the workgroup, so it was necessary to create a visual to help orient its members. Instead of determining both populations at once, it was decided that first, the workgroup would define candidacy for the smaller circle, then work on the broader prevention plan.



- The group methods were discussed. The co-leads highlighted the group's great attendance and consistency. The group is clearly committed to their work. They have also grounded their definition in data, really digging into the question of what it means to be at imminent risk. During the full day of meetings, participants also used post-it notes to categorize populations into different groups (definite Family First candidate, possible Family First candidate, and broader prevention plan candidate). The results of this activity were synthesized into groups for discussion, which the group went over at their next meeting. During the course of those discussions, several populations were agreed upon, but others were quite contentious. For populations the group had trouble agreeing on, the group would ultimately take a vote.
- Some of the recurring themes that have been discussed at several meetings are:
 - **Potential for increased surveillance, stigma, and disparities:** these fears were of major concern to the workgroup and they were discussed at every meeting. No matter the final plan, care needs to be taken to ensure that folks that would not normally have contact with DCF are not suddenly pulled into CPS involvement.
 - **Need for appropriate messaging:** the workgroup realized that messaging will play a huge role in how the final plan is perceived. It needs to be clarified and repeated that being in the candidacy pool and getting access to services does not mean further DCF involvement. Making this clear will help alleviate the fear that folks may automatically fear when they think of DCF. Making these services available in a way that does not feel like DCF involvement means we must imagine a structure that currently does not exist and work together to build out that system.
 - **Chance to reduce silos:** Connecticut has historically had an issue with siloing. This is a chance to break down those barriers and work across systems.
 - **Desire to avoid limiting ourselves by existing structures and fiscal considerations:** as was mentioned, to make sure communities feel like accessing these services is not the same as getting involved with DCF, we will need to build an infrastructure that does not exist yet. We are also leaving the fiscal components to the Fiscal workgroup. We want

to start with the needs and the possibilities and build our plan around that, not the other way around.

- **Ability to use the Governance Committee as needed:** the Candidacy workgroup has agreed on many things, but they have also realized when it is time for a discussion to be moved up to a higher authority. When necessary, they have been comfortable tabling a topic and letting the Governance Committee decide.
- **“Funnel” visual and clarification:** another point of confusion was what it means to be in the candidacy pool. It is important to keep in mind that being in the candidacy pool does not mean that one will automatically receive services. First, a family (by way of the child) will need to be in the candidacy pool. Then, an assessment will be needed to evaluate what that family’s needs are. If possible/necessary, that family will then be matched to one of the EBPs in the federal clearinghouse and specified in Connecticut’s approved plan. This process was likened to a funnel, where the number of people will get narrower as they move through the process. This was key to consider; just because someone is in the pool does not mean they will receive services, but if they are not in the pool, they will not be eligible to receive services (under Family First).
- With all of the above clarified, JoShonda and Jeff began to discuss the populations that Candidacy has categorized.

Recommended Family First Candidates

1) Families with accepted Careline calls and/or requesting voluntary services

- Rationale/Discussion in Candidacy: The group chose to include this group because it is a major predictor of future agency involvement. To use DC’s analogy, these are kids at “the front door,” who could get their needs met early rather than getting further involved in the system.
- Questions/Discussion Points:
 - Q: Does this include children that are already in foster care?
A: No. Technically those who are already in foster care are not at risk of entering care. However, we did discuss siblings of those in foster care, which will be addressed later in this section.
 - Q: For example, if a call comes in, the team discusses it, and the recommendation is for the child to go into kinship care (family arrangement), would they be eligible?
A: Yes, as an accepted call.
 - Q: Is probate court going to be a part of the broad plan?
A: Yes.
 - Q: Could you define “accepted call”?
A: An accepted call is a call to the Careline that will move to FAR or INV (i.e. meets the statutory requirements), or an accepted voluntary services request. This would not include calls for information or other types of calls.
 - Q: What about someone who calls for voluntary services and is declined?
A: They would not be part of this candidacy pool if they were declined.

- DCF staff clarified some figures: Of the calls received at the Careline, about 60,000 are reports of abuse or neglect. About 28,000 of these are accepted (32% of the total calls received). The near 32,000 that are not accepted are often calls without an alleged perpetrator, repeat calls about a situation that was already reported, etc.
- One person felt this would be a good place to examine our SDM tool.
- Q: How does this change the mechanics of case plans?
A: This should not change any of the normal mechanics around case planning. This would be a call to the Careline like usual, but the family of concern would now also potentially receive these specific services. This does not eliminate any of the existing pathways; rather, it creates a new pathway that could hopefully give families access to services that will keep their family together. We will need to create some of this infrastructure to make these pathways possible. Another thing to keep in mind is the funnel concept—including all Careline calls in our candidacy definition does not mean they will all receive services. We will still need to develop a child-specific prevention plan. Ideally, the families that we work with should not feel like the interactions are any different from before.
- Q: Are we being strategic about using federal money? For instance, are we picking candidate populations that we know will be more likely to match the programs that exist on the federal clearinghouse?
A: We do not want to limit ourselves to what is currently on the clearinghouse. That clearinghouse will certainly change as more plans get approved. Further, the federal government is rather slow in approving which EBPs make it to the Clearinghouse, and we don't want to wait on them and the clearinghouse. We want to be in the best position to move forward as the clearinghouse evolves.
- One person felt that similar conversations are happening on the Task Force to End Homelessness; they have been doing case rounds as part of a support structure, but they lack ways to coordinate services. This person felt that Family First could potentially contribute to this effort. The Commissioner responded, saying that they have taken steps to convene those folks and had a meeting with them a few months. The process of data matching of CT's top 500 consumers of state services is underway.
- Q: Is the Fiscal workgroup working on intersections of Medicaid and other funding besides Family First?
A: Yes, the Fiscal and Revenue Enhancement is working to use funds creatively. There is interagency partnership throughout the workgroups (DMHAS, DMV, DSS, OEC, etc. are all involved in at least one workgroup). DCF staff have also had a 1:1 with a housing agency, and we feel that any Department that wants to be involved should be able to. DCF Deputy Commissioner Jodi Hill-Lilly added that while we are taking these steps to fund our services, we really want our values to drive the process, not the money. As was mentioned, this is additional funding, not funding that will supplant existing funding. The process is not being driven by what will get

us the best reimbursement—it is about what the children and families of Connecticut need.

- One person brought up a consideration for implementation: sometimes calls are expunged, which could cause an issue with tracking.
- After those clarifying questions and discussion points, the Governance Committee had no objections to this population being included in the definition.

2) Substance-exposed infants (identified through the CAPTA portal and community providers)

- Rationale/Discussion in Candidacy: This population was actually chosen as a compromise after extensive discussion on mental health and substance use. The group understood that these populations are high-risk, and they wanted them to have access to services; however, there were unresolved fears about stigmatizing this population. Many group members feared including them in the definition would send the message that they “can’t parent” just by virtue of having a mental health or substance use issue. The group was split on whether to include these parents in the definition, so they agreed to include this population in order to cover the most vulnerable of this population.
- Questions/Discussion Points
 - One person wanted to know how the group was defining “substance-exposed.” Is it certain levels of exposure, certain types? JoShonda responded that the group did not explicitly discuss this and had been thinking in more general terms. She and Jeff agreed to bring this back to the workgroup for a more thorough discussion.
 - A member discussed their concerns about disparities; economic disparity is extremely tied to who gets screened and asked about substance use. They felt that not many people know about who these babies are and was concerned about how we define these babies/where lines are drawn. The Commissioner agreed that there are major disparities in this reporting that we have known for years; however, we have known for decades that there are disparities, and the CAPTA portal has actually helped prove these theories. Calls are also along racial and economic lines, but we now have more data on reporting these disparities.
 - One person asked whether there is an income eligibility requirement to receive services, and it was clarified that there is not.
 - One member who also sits on the Candidacy workgroup and has been present for these discussions explained that all of the concerns that were just raised were also brought up and discussed in the workgroup. They explained that the workgroup realizes there may be disparate reporting, but they wanted to include this population because of the high risk to these children.
 - Ken Mysogland added that we will not only be using the CAPTA portal but also in-home services (such as the Office of Early Childhood’s home visiting programs). We will be collaborating with them to identify these infants.
 - Another member explained that these kids are the most at risk for a variety of negative outcomes (fatality, etc.) and they need more of our attention. We as a system need to think about capacity-building. Of course, these disparities are real, and ideally these considerations should be built into our plan.

- One person explained that the purpose of Family First is to provide preventative services. By including this population in the definition, we are identifying them earlier rather than furthering trauma by forcing them to enter through the Careline. These parents likely don't want to be using substances; this is a way to keep these kids and parents together.
- The group clarified that the plan can be amended later if need be.
- One person asked about a specific situation they have encountered repeatedly. A doctor or provider will encounter a woman who is pregnant and tests positive for substance. That baby has not been born yet but is substance exposed. Currently, very little is done until these babies are born, but this person hoped that maybe Family First would provide an opportunity to get these moms access to services and improve things before the child's birth. JoShonda explained that jurisdictionally it is not possible for the Department to include this situation, but perhaps it could be considered for the broader efforts. Ken felt that this actually raised up another question: do doctors know where to direct moms? This is not necessarily a DCF issue, although these moms likely need service or support of some kind.
- The group decided to table the discussion at this point in order to discuss the other populations.

3) Youth exiting or aging out of DCF foster care

- Rationale/Discussion in Candidacy: This is where probate came up in the Candidacy meetings--the group wondered whether children achieving permanency through probate court or international adoptions also should be added, as they are at risk of disruption as well. That particular population was tentatively tabled until more data can clarify whether they ought to be added. The Candidacy workgroup felt that youth exiting or aging out of DCF care needed to be included because they are a particularly vulnerable population. Transition points are always difficult to navigate, and services may help prevent them from reentering the system.
- Questions/Discussion Points:
 - One person who works with college-age youth explained that they frequently get contacted by kids in this situation (often who are housing insecure). They are a very vulnerable population and we have little data about them, which is why it is so important that we help this population.
 - Another member brought up the service gap between ages 21-26 due to health insurance. Normally, children can remain on their parents' insurance until age 26 but because DCF jurisdiction only lasts until age 21, there is a gap between those ages. The Commissioner for the Department of Social Services responded that while this may not be something for Family First, these young adults should absolutely be eligible for Husky (Medicaid) until age 26.
 - One of the group members was a bit confused on the age-out population here. At age 18, youth can be noncompliant or sign themselves out--how would they be eligible for services if that takes place? However, others felt that the number of youths who do this might decrease if more services are available (which this would hopefully accomplish). Again, we need to envision that which does not exist. Especially if we

are able to provide these services in a place outside of DCF, youth are more likely to engage.

- This is also aimed at children whose case is closed. This is not just related to older youth; the goal is to address disrupted permanency.
- Deputy Commissioner Michael Williams felt that it is important to make a greater distinction here between post-permanency children and those who age out. Aging out is not permanency.
- The Governance Committee agreed to include both populations, with some clarification on the difference between the two that were mentioned. Dr. Elizabeth Cannata abstained from this vote because she felt it was potentially a conflict of interest with her position.

4) Pregnant and parenting youth in foster care

- Rationale/Discussion in Candidacy: This population is specifically mentioned in the federal legislation, so the group agreed unanimously to include it.
- Questions/Discussion Points:
 - The Governance Committee agreed unanimously to include this population with no further discussion.

5) Siblings of children in foster care

- Rationale/Discussion in Candidacy: This population is included because the goal is to create a family-focused system. The Candidacy workgroup felt strongly that these youth and their caregivers could benefit from these supports. During the deliberations, there was some concern that then services would be provided to families who are completely unrelated to the original incident and who would not need services; however, the group was reminded that an assessment tool would determine the family's needs and match them with services. This may be somewhat broad, but that should not be a problem because the assessment will narrow it to those who need services.
- Questions/Discussion Points:
 - Dr. Cannata, co-lead for the Programs and Services workgroup, felt that this population might be tricky to match with services because they will each have different needs that might not line up well with the service array. It might be hard to determine. Other group members agreed, but the point was made that this includes siblings *and* caregivers of those siblings, who may need those supports.
 - That point made another person wonder whether this should be articulated with every population mentioned above (i.e. "and caregiver" should follow every population). However, the group felt this might be confusing since the tracking has to be child focused. Also, in some cases, doing this may negatively call out the parent, which we want to avoid.
 - It was suggested that commercial health insurance stakeholders participate in the Fiscal (and possibly Programs) workgroup(s).
 - The population was clarified through an example: two kids are in foster care, and another child is born in the same family. That child (and the family) now would be part of the candidacy pool.

- The population was not voted on explicitly, but the Governance Committee seemed to agree that they should be included, with no visible dissent.
- 6) Families at risk identified via a community or neighborhood pathway
- Up until now, the candidacy pool is limited to families who are known (in one way or another) to DCF. The Candidacy workgroup felt that this was not sufficient, especially since there are many families who look similar to those that are involved with DCF but who do not touch the system. These families are dealing with similar struggles and have similar needs, and it is necessary to consider those pathways and provide them with access to services as well so that they do not need to become known to the child welfare system. This group is intended to be more upstream than the previous populations. The group came up with these populations while also thinking of what kinds of community or neighborhood organizations would be likely to touch these families and could be a potential referral point. The following groups were selected:
 - a) Children chronically absent from preschool/school or truant from school
 - b) Children of incarcerated parents
 - c) Trafficked youth (by non-caregivers)
 - d) Unstably housed youth and families)

The Candidacy workgroup acknowledges that there will be a need to design a future system that accommodates the community pathway. Some ideas have been the possibility of calling a 211-like pathway. Generally speaking, the goal would be to deliver these services without having to call the Careline.

- Questions/Discussion Points:
 - One person felt that the undocumented population should be lifted for further examination. Another member explained that immigration status is not a consideration when it comes to service delivery. DCF does not report to ICE and will not withhold services due to status. There is some question on whether DCF can receive reimbursement for undocumented immigrants, but this would not affect the actual service delivery (just the finances afterwards).
 - Someone asked for clarification on how "truant" would be defined. Schools quantify absences differently; what qualifies as truant is school-specific. For example, 40% of students could be considered truant under certain specifications, but generally do not get classified as truant. This is something that may need further refining in partnership with the State Department of Education.
 - One member asked about the underlying principles that drove the candidacy group and their decision. In particular, was there an attempt to define candidacy based on what services were available? The answer to that is no; some folks in the Candidacy workgroup somewhat wanted to use this strategy, but ultimately it was decided that it did not make sense, as the service array is constantly changing, and the definition can be revised later.
 - On that same note, some members felt concerned that disability was not addressed anywhere in the candidacy definition. Children with disabilities are the most likely to be removed and often struggle with placement and permanency. Where and how

does disability fit in here? JoShonda explained that this population was discussed along with mental health and substance use, but in the end, the group felt it was better not to include them because of the possibility of stigma. The Governance Committee as a whole seemed to disagree with not calling out this group. The lack of attention is the problem. This requires a fundamental change and needs to be addressed because the removals here are not just situational but related to identity.

- JoShonda and Jeff, the two co-leads for this workgroup, agreed fully with the above opinion. They had been personally surprised that the group chose not to include these groups but reiterated that the group had been very concerned about stigma. Of course, not all children with disabilities or families dealing with mental health/substance use issues will have issues, but without calling out these populations, they will not be served. Commissioner Dorantes reminded the group that much of this work involves imagining a system that does not exist, and she felt that they should be included even if the Candidacy workgroup did not originally recommend them.
- One group member had a question about trafficked youth population. It is specifically noted that this is only intended for those trafficked by non-caregivers; why would we not include those trafficked by relatives. It was explained that those trafficked by relatives would be covered because it would be considered an accepted Careline call, so it would be covered already. Non-caregiver trafficking is reported to law enforcement and not investigated by DCF, so it was necessary to call this out. The Committee felt that the wording was unclear. Generally, the group has not been concerned about populations overlapping despite the fact that many groups would be covered under multiple populations; it seems that making this distinction makes it sound like those trafficked by caregivers are not part of the definition. The wording feels more exclusive than inclusive without that extra explanation. The group agreed that the wording here should be changed, but they did agree with this population being included.
- It was suggested that we broaden our definition of school to include children going to health facilities--those who are chronically absent from these spaces may also need services.
- One person made the point that Family First is in juxtaposition with the Children's Behavioral Health Plan; the hope with that plan is to get more kids access to behavioral health services. Jeff Vanderploeg agreed and thinks about Family First and the Children's Behavioral Health Plan somewhat like a Venn diagram and feels it is better if we can align them.
- On the subject of "housing unstable" youth and families, one person asked whether this includes evicted families. JoShonda explained that "homeless" was considered too narrow, and "unstable" was intended to cover this population. The phrase "housing insecure" was also suggested.

Additional Potential Candidacy Groups

- 1) Children of caregivers with substance use disorders and/or mental health diagnosis that impair parenting
 - Discussion in Candidacy: As has been mentioned several times, this was a particularly contentious topic. The group understood the importance of providing these families with access to services but were gravely concerned about the possibility of stigma. Specifically, there was a fear that this sends the message that either of those automatically make one an unfit parent. It was suggested that "that impair parenting" be included to put the emphasis on the impaired parenting rather than on the substance use or mental health issue. The workgroup discussed this population at three different meetings and ultimately decided it would be best left up to the Governance Committee.
 - Questions/Discussion Points:
 - As one group member put it, when one looks at the data, it is clear that these populations are often where kids are coming from. They would definitely include this population.
 - One person wondered whether the word order could be improved; perhaps it should be "impaired parenting due to substance use disorders and/or mental health issues" so that the emphasis on the parenting ability is even stronger. Others on the Committee agreed. The intent is to strengthen families, and we have been historically lacking in family-involved treatment.
 - This could potentially eliminate the need for Population #2 (Substance-Exposed Infants) because they would already be covered under this population; however, the group was unsure of whether it made sense to fully eliminate #2, especially since these infants are some of the highest risk population.
 - The group agreed that the discussion on stigma here was extremely important, and it is a consideration that does not often make it into policy discussions. The group felt it was important to include in any executive summaries about this population. Commissioner Dorantes agreed that the topic is very important and ought to be addressed because it exists throughout the child welfare system.
 - The Governance Committee therefore agreed that this population should be included in the Family First candidacy definition. They felt that the Candidacy workgroup's concerns were valid, and these considerations ought to be built in. Ultimately, this population needs access to services, and it is necessary to include them in the definition so that can be achieved. So far, this is the only instance where the governance committee has gone against the recommendation of Candidacy, although it is worth remembering that the vote in Candidacy was very close, and they were overall split on this population.
- 2) Children at risk of juvenile justice involvement
 - Discussion in Candidacy: The Candidacy workgroup began to discuss this population at their most recent meeting. They agreed to include it in their definition, but they are still in the process of refining this population. They were not sure where in the continuum they ought to

- intervene (after an adjudication of delinquency, after arrest, at the JRB level, at the school level, etc.).
- Questions/Discussion Points:
 - The Governance Committee affirmed that this population ought to be included in the definition and agreed that Candidacy needs to continue discussions and determine how they will conceptualize the population.
- 3) Youth with sexually reactive behaviors/or groomed for sex
- Discussion in Candidacy: These two populations were brought up during a discussion as potential candidates. The group felt that they should not be included in the narrow plan for now due to a lack of data, but they warrant further investigation.
 - Questions/Discussion Points:
 - The Governance Committee did not feel they needed to be added to the narrow definition.
- 4) Other Potential Candidates?
- Over the course of the discussion, the Governance Committee brought up other populations they felt should be included in some way.
 - One such suggestion was families on waiting lists for other services or families who cannot currently access services due to language barriers. The argument was that if these families cannot access services, their risk of entering foster care becomes greater. The Committee agreed that this was true, but they felt that these folks would likely qualify under one of the other pathways. Further, the risk comes from an existing barrier rather than their circumstance or identity. It was suggested instead that this consideration be a part of the Programs and Services discussions to prevent this from happening with Family First. While this heightens existing risk, it is not the access to service or language barrier that is the underlying issue. It could also be added to the broader prevention plan. The group did not feel this population should be added to the Family First candidacy definition, but they did agree it is an important consideration.
 - Another suggestion was to include kids currently in foster care in the broader continuum. As the group has discussed, they cannot be in the narrow definition because they are not considered at risk; however, one person felt that they should still be called out explicitly in the broad. The group seemed to generally agree.
 - One group member felt that LGBTQ+ youth should be added to the broad plan, as they are at great risk for violence (both in terms of IPV and adolescents killed/injury/death for teens. This member felt Candidacy should reconsider whether they belong in the small circle. Others agreed, though they also noted that the types of IPV that LGBTQ+ adolescents face is often different from the kind that would result in a removal (usually relationship violence rather than in-home violence).
 - The Governance Committee also wanted the Candidacy workgroup to reconsider their decision on families experiencing IPV. In their discussions, they realized that IPV did not significantly increase the likelihood of removal, and without data to support its inclusion, the workgroup opted to leave this population in the broader plan. Governance encouraged the workgroup to challenge their assumptions here and look more closely at the data. In

particular, it was recommended that Candidacy reach out to Mary Painter and the data from the Stakeholder Survey for more information on this topic.

Recommended for Broader Prevention Plan

- 1) Non-accepted Careline calls with various risk factors
- 2) Children exposed to IPV (pending more research as detailed above)
- 3) Caregivers with cognitive limitations
- 4) Families with a child with a disability (reconsidered and incorporated as mentioned above)
- 5) Families with employment issues
- 6) Families with children five and under
- 7) Families identified as having a need by schools, medical community, legal community, or law enforcement
- 8) Families exiting Community Support for Families

Final Thoughts

- Members of the Governance Committee are encouraged to check the Family First website and read through the materials posted there.
- Committee members should also feel free to attend the various workgroup meetings (schedule is available on the website).
- A schedule of future meetings for the Committee will be out soon.
- One person mentioned that the Department will need to submit some legislative language around QRTPs with judicial oversight soon. This is due to the timing and has to do with the oversight of kids in congregate care. It has to go out very soon, but the Governance Committee should be aware that this is happening.
- Commissioner Dorantes thanked the Committee for convening and its commitment to this process.